

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/523080

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
U.S. NATIONAL STAGE FEES		
BASIC FEE	SMALL ENT. = \$ 150	LARGE ENT. = \$ 300
EXAMINATION FEE	Satisfies PCT Article 33(1)-(4) = \$ 50 / \$ 100	All other situations = \$ 100 / \$ 200
SEARCH FEE	U.S. is ISA = \$ 50 / \$ 100 ALL other countries = \$ 200 / \$ 400	All other situations = \$ 250 / \$ 500
FEE FOR EXTRA SPEC. PGS.	minus 100 =	/ 50 =
TOTAL CHARGEABLE CLAIMS	10 minus 20 = *	
INDEPENDENT CLAIMS	2 minus 3 = *	
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐

OR

OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE		OR	BASIC FEE	300
EXAM. FEE			EXAM. FEE	200
SEARCH FEE			SEARCH FEE	400
X \$ 125 =			X \$ 250 =	
X \$ 25 =		OR	X \$ 50 =	
X \$ 100 =		OR	X \$ 200 =	
+ \$ 180 =		OR	+ \$ 360 =	360
TOTAL		OR	TOTAL	1200

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X \$ 25 =		OR	X \$ 50 =	
X \$ 100 =		OR	X \$ 200 =	
+ \$ 180 =		OR	+ \$ 360 =	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**
Independent	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X \$ 25 =		OR	X \$ 50 =	
X \$ 100 =		OR	X \$ 200 =	
+ \$ 180 =		OR	+ \$ 360 =	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>6/27/05</u>		2 Serial/Patent # <u>10/523080</u>		<div style="display: flex; justify-content: space-between;"> <div>0010023478</div> <div>\$100.00</div> </div>							
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input type="checkbox"/>	Filing		<small>Refund Ref: 06/29/2005</small> <small>Credit Card Ref: XXXXXXXX18107</small>	<input type="checkbox"/>							
<input type="checkbox"/>	Amendment			<input type="checkbox"/>							
<input type="checkbox"/>	Extension of Time			<input type="checkbox"/>	\$						
<input type="checkbox"/>	Notice of Appeal/Appeal			<input type="checkbox"/>	\$						
<input type="checkbox"/>	Petition			<input type="checkbox"/>	\$						
<input type="checkbox"/>	Issue			<input type="checkbox"/>	\$						
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			<input type="checkbox"/>	\$						
<input type="checkbox"/>	Maintenance			<input type="checkbox"/>	\$						
<input type="checkbox"/>	Assignment			<input type="checkbox"/>	\$						
<input type="checkbox"/>	Other <u>Search fee</u>			<input type="checkbox"/>	\$						
			7 TOTAL AMOUNT OF REFUND		\$ <u>100.00</u>						
			8 TO BE REFUNDED BY:								
			Treasury Check								
			Credit Deposit A/C #:								
10 REASON:			9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
<input type="checkbox"/>	Overpayment										
<input type="checkbox"/>	Duplicate Payment										
<input type="checkbox"/>	No Fee Due (Explanation):										
<u>Credit Card Refund</u>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Barbara A. Campbell</u> TITLE: <u>Paralegal</u>											
SIGNATURE: <u>BAC</u>											
OFFICE: <u>PCT/DO/EO</u>											
<small>Adjust: PHONE: 06/29/2005 RCAMPREI</small> <small>02707/2005 SHAJARRO 00000006 10523080</small> <small>02 FC:1632 -500.00 OP</small>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: _____			DATE: _____								

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